

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Nuclear Energy Institute Federal Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MCKINLEY FOR CONGRESS

Mailing Address 32 20TH STREET

City  
WHEELINGState  
WVZip Code  
26003Purpose of Disbursement  
WV US HouseCandidate Name  
David McKinleyCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 01

Transaction ID: B5132654AB09C4333995

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Nelson 2012

Mailing Address 420 C St. NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
NE US SenateCandidate Name  
Sen. Ben NelsonCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District:

Transaction ID: BA2A92F9B09874FBBB94

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

PAT MEEHAN FOR CONGRESS

Mailing Address PO Box 308

City  
Drexel HollState  
PAZip Code  
19026Purpose of Disbursement  
PA US HouseCandidate Name  
Pat MeehanCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: B14605828D74B41469FD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....